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16085 U.S. PTO

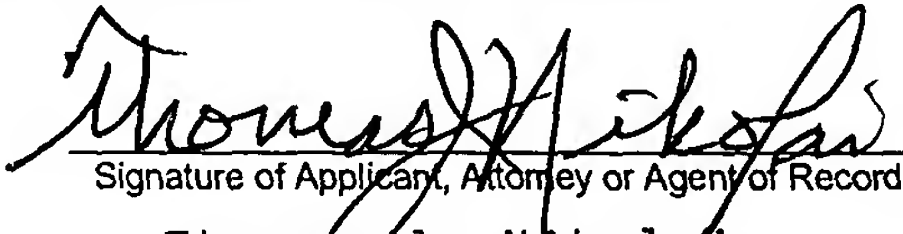
## REISSUE PATENT APPLICATION TRANSMITTAL

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|  |                               |   |  |                                       |
|--|-------------------------------|---|--|---------------------------------------|
| <b>Address to:</b><br><br>Assistant Commissioner for Patents<br>Box Reissue<br>Washington, DC 20231  |                               | Attorney Docket No.   | 20000018.REI                           |                                       |
|  |                               | First Named Inventor  | Claude Tihon                           |                                       |
|  |                               | Original Patent Number  | 6,311,689                              |                                       |
|  |                               | Original Patent Issue Date<br>(Month/Day/Year)  | Nov. 6, 2001                           |                                       |
|  |                               | Express Mail Label No.  | EV243871549US                          |                                       |
| <b>APPLICATION FOR REISSUE OF:</b><br>(Check applicable box)   |                               | <input checked="" type="checkbox"/> Utility Patent  | <input type="checkbox"/> Design Patent | <input type="checkbox"/> Plant Patent |
| <b>APPLICATION ELEMENTS (37 CFR 1.173)</b>   |                               | <b>ACCOMPANYING APPLICATION PARTS</b>   |  |                                       |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56)<br>(Submit an original, and a duplicate for fee processing)  |                               | 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).  |  |                                       |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                               | 11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender  |  |                                       |
| 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)   |                               | <input checked="" type="checkbox"/> Ribbonded Original Patent Grant   |  |                                       |
| 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)  |                               | <input type="checkbox"/> Statement of Loss (PTO/SB/55)  |  |                                       |
| 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy)<br>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)  |                               | 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119)<br>(if applicable)  |  |                                       |
| 6. <input checked="" type="checkbox"/> Power of Attorney   |                               | 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |  |                                       |
| 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(If Yes, check applicable box(es))  |                               | 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)                                  |  |                                       |
| <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)   |                               | 15. <input type="checkbox"/> Preliminary Amendment  |  |                                       |
| <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)  |                               | 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)               |  |                                       |
| 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table  |                               | 17. Other: <u>Check</u>   |  |                                       |
| 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)  |                               |   |  |                                       |
| a. <input type="checkbox"/> Computer Readable Form (CRF)   |                               |   |  |                                       |
| b. Specification Sequence Listing on:  |                               |   |  |                                       |
| i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or   |                               |   |  |                                       |
| ii. <input type="checkbox"/> paper   |                               |   |  |                                       |
| c. <input type="checkbox"/> Statements verifying identity of above copies  |                               |   |  |                                       |
| <b>18. CORRESPONDENCE ADDRESS</b>  |                               |   |  |                                       |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>23595</u> or <input type="checkbox"/> Correspondence address below<br>(Insert Customer No. or Attach bar code label here) |                               |   |  |                                       |
| Name   | Thomas J. Nikolai             |   |  |                                       |
| Address  | Nikolai & Mersereau, P.A.     |   |  |                                       |
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|                   |                          |                                   |               |
|-------------------|--------------------------|-----------------------------------|---------------|
| NAME (Print/Type) | Thomas J. Nikolai        | Registration No. (Attorney/Agent) | 19,283        |
| Signature         | <i>Thomas J. Nikolai</i> | Date                              | July 15, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

| <b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>  |                                      |                                     |  |                            |                      | Docket Number (Optional)<br>20000018.REI |                           |              |
|--|--------------------------------------|-------------------------------------|--|----------------------------|----------------------|--|---------------------------|--------------|
| <b>Claims as Filed – Part 1</b>  |                                      |                                     |  |                            |                      |  |                           |              |
| Claims in Patent   |                                      | Number Filed in Reissue Application | (3) Number Extra                       | Small Entity               |                      | Other than a Small Entity                |                           |              |
|  |                                      |                                     |  | Rate                       | Fee                  |  | Rate                      | Fee          |
| (A) 14   | Total Claims (37 CFR 1.16(j))        | (B) 14                              | **** 0 =                               | x \$ _____ =               | 0                    | or                                       | x \$ _____ =              |              |
| (C) 2  | Independent claims (37 CFR 1.16(i))  | (D) 2                               | * 0 =                                  | x \$ _____ =               | 0                    |  | x \$ _____ =              |              |
|  |                                      |                                     |  | Basic Fee (37 CFR 1.16(h)) |                      |  |                           | \$ _____     |
|  |                                      |                                     |  | Total Filing Fee           |                      |  | OR \$ _____               |              |
| <b>Claims as Amended – Part 2</b>  |                                      |                                     |  |                            |                      |  |                           |              |
|  | (1) Claims Remaining After Amendment |                                     | (2) Highest Number Previously Paid For | (3) Extra Claims Present   | Small Entity         |  | Other than a Small Entity |              |
|  |                                      |                                     |  |                            | Rate                 | Fee                                      |                           | Rate         |
| Total Claims (37 CFR 1.16(j))  | *** 14                               | MINUS                               | ** 20                                  | * =                        | x \$ _____ =         | 0  | OR                        | x \$ _____ = |
| Independent Claims (37 CFR 1.16(i))  | *** 2                                | MINUS                               | ***** 2                                | =                          | x \$ _____ =         | 0  |                           | x \$ _____ = |
|  |                                      |                                     |  |                            | Total Additional Fee |  | \$ 0                      |              |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-1265</u>.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>375.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>July 15, 2003.</u><br/>Date</p> <p><u>19,283</u><br/>Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: center;"> <p><br/>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Thomas J. Nikolai</u><br/>Typed or printed name</p> </div> </div> |                                      |                                     |  |                            |                      |  |                           |              |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**STATEMENT PURSUANT TO 37 CFR 1.173(c)**

Applicant/Patent Owner: ContiCare Medical, Inc.

Original Patent No. 6,311,689

Original Issue Date: November 6, 2001

Title: Female Incontinence Prevention Device

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MAIL STOP REISSUE

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Claims 1 through 14 of U.S. Patent 6,311,689 remain pending in this reissue application. Independent claims 1 and 12 have been amended to substitute the word "lateral" for the word "perpendicular". Support for these changes is found at column 4, lines 5-7 of the specification and in Figures 1 and 2 of the drawings.

Respectfully submitted,

NIKOLAI & MERSEREAU, P.A.



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